

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A99000000892

**1. Entity Name**  
ALLISON HOLDINGS, LTD.

FILED

00 JAN 12 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
1 SOUTHEAST 3RD AVENUE, SUITE 2950  
MIAMI FL 33131

**Mailing Address**  
1 SOUTHEAST 3RD AVENUE, SUITE 2950  
MIAMI FL 33131-1715

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** ☒ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
  
BERMONT, PETER L  
1 SOUTHEAST 3RD AVENUE, SUITE 2950  
MIAMI FL 33131

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$2,000,000.00**

**10. Amount of Capital Contributions** in FLORIDA to date. **\$680,000.00**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		
DOCUMENT #	P99000049232	
NAME	ALLISON HOLDINGS, INC.	
STREET ADDRESS	1 SOUTHEAST 3RD AVENUE, SUITE 2950	
CITY - ST - ZIP	MIAMI FL 33131	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	000003099680--5 -01/14/00--01098--008 ****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/7/2000**  
Date Daytime Phone #

CR2E003 (9/99)